To ensure proper credit, please DO NOT fold or staple.				
	ers from prior year, mark box. For calendar year 201			4 I
Your Social Security Number	Spouse's Social Security Number	Payment Due Date		INDIVIDUAL Voucher
Name Spouse's Name Address City, State ZIP		\$	Amount of payment.	DO NOT SEND CASH
SPEC CODE	Mail this form with your payment to: LA DEPT OF REVENUE PO BOX 91007 BATON ROUGE LA 70821-9007		Mail date	1905